

2020

a Vision of Health
in Harris County



HARRIS COUNTY PUBLIC HEALTH

Facts

1.

Harris County average life expectancy is 78.7, however some census tracts are as low as 65 years and others as high as 89 years.

2.

Several population centers live more than 15 minutes away from a Trauma Center, including those with a high Social Vulnerability Index.

3.

Approximately 1 in 5 adults lacks health insurance, with some communities having more than 1 in 3 adults lacking health insurance.

4.

Local experts in health overwhelmingly agree: access is the #1 challenge facing health in Harris County, and increased funding support for prevention activities is needed.



5.

In Harris County, 1 in 3 youth aged 12-17 are overweight or obese. For adults, some communities have over 50% of adults classified as obese.

Executive Summary

This health study, entitled Harris Cares, offers a view into the future of health in Harris County for 2020 and beyond. The study is split into three main sections: Transforming Health in Harris County, Building Resilience in Harris County, and a Snapshot of Health in Harris County.

The contents of this study are informed by years of community input, data on health and factors that affect health available at the local, state, and federal levels, and the direct input of over one hundred institutions that affect health where we live, learn, work, worship, and play.

Transforming Health in Harris County requires an understanding of the intersections of health care delivery and public health. Many residents experience significant barriers to accessing health care and point towards major barriers within “three A’s of Access: availability, acceptability, and affordability.” To achieve better health outcomes, like the decrease of uncontrolled chronic disease across a community, multiple partners and increased coordination is needed. The costs for health care, through preventable hospitalizations and emergency department utilization for chronic disease is extraordinarily high and point towards a need to invest in preventive services for all Harris County residents. Ignoring preventive services upstream is a substantial factor to the high costs to the health system and therefore county.

Although increased coordination in health care will improve health, it is limited in capacity to the number of residents served. Simply put, a community cannot diagnose, treat, or medicate its way back to good health for problems such as widespread obesity, diabetes, asthma, and poor mental health, etc. Solutions instead lie in better coordination among nontraditional health partners such as social services and infrastructure, better clarification of jurisdiction and governance, and increased alignment and sharing of data across public and private partners.

“To achieve better health outcomes, like the decrease of uncontrolled chronic disease across a community, multiple partners and increased coordination is needed.”

Building Resilience in Harris County requires building the capacity of communities to prepare for, withstand, mitigate the effects of, and recover from emergency utilizing a health equity lens. Resilience in a community to bounce back from the emergencies that plague Harris County is especially critical because there never seems to be a dull moment from emergencies such as hurricanes, disease outbreaks, fires, derailments, and more. Health is a product of many inputs, and not just access to health care. Poor health outcomes exist disproportionately across the Harris County community and point towards an unequal distribution of opportunity for good health. These risks and factors require collective impact and collaboration across fields of study and expertise, especially in county government. Expected quality of life and life expectancy vary only miles apart. The range of life expectancy in Harris County is 23.4 years between different communities.

A Snapshot of Health in Harris County can offer data driven insight into the burden of chronic diseases, injuries, infectious diseases, and more that greatly impact the health of all families in Harris County. To transform health, shared goals across government and private partners should point towards existing data as a way of measuring the county’s success and outcomes over the next decade. Harris County Cares about the health of all its residents and should invest in and support new opportunities for innovation and transformation.

Transformational Recommendations

To transform health in Harris County, five transformational recommendations are presented that promote the overall strategy for improving health and well-being for Harris County community members. This set of recommendations is reinforced by chapter-specific recommendations throughout the study. Each recommendation came from a mix of data analysis and community or partner voices. Each transformational recommendation has modular components that, when taken in concert, has transformative potential for improving health in Harris County.

1.

Drive systems-level change through prevention and upstream focused solutions that incorporate health and social services in a more integrated and effective manner.

Health is holistic, complex, and multidisciplinary in nature. One's zip code is a better predictor of health than one's genetic code, so to achieve better health at the population level, solutions must be directed at the systems level. Governance, prioritization, and coordination of county resources should advance the health of all residents.

1.1. Create a culture of health through investments in “upstream” or public health prevention approaches that target the social determinants of health (education, economic empowerment, housing, access to fresh foods, transportation, safe places to engage in physical activity, etc.) to mitigate more “downstream” or expensive health care costs to the system and make health a shared value of Harris County.

1.2. Create a countywide health-related initiative (through a formal governance structure such as a health coordinating council) that includes multidisciplinary department and stakeholder representatives with the objectives of improving community health and resilience and fostering cross-sector collaboration.

1.3. Identify countywide infrastructure projects (flood mitigation, housing, roads, parks, etc.) that would benefit from broad multidisciplinary teams in planning, implementation, and opportunities for optimizing community health impact and creating healthier, more equitable communities.

1.4. Support efforts to integrate Health Impact Assessments and other similar health reviews in the planning and implementation phases of countywide infrastructure projects, and partner with entities in academia, faith-based, nonprofits, and other stakeholder groups to implement healthier options that improve population health and well-being.

2.

Strengthen integration of health services and systems by coordinating delivery of existing health care services and developing new health care infrastructure where needed to improve access to health care across the community.

Access to health care continues to be a barrier as noted by residents and by data in this study. Investment into both “brick and mortar” infrastructure and rapidly deployable, flexible alternatives to care can increase the availability of resources, especially in times of an emergency. While health care infrastructure investment cannot change health outcomes of communities within Harris County alone, it is an important element for ensuring provision of health care delivery within these very communities..

2.1. Conduct a feasibility study on the investment in large-scale health care delivery infrastructure such as through anchor hospital(s), etc. where there are medically underserved areas, demonstrable lack of health care access, and where there is a high risk for large scale public health emergencies (e.g., train derailments, chemical fires, plant explosions, etc.).

2.2. Enhance existing or creating additional community health clinics that focus on preventive services and are co-located with public health, mental health, and social services, which will also allow for increased surge capacity during an emergency.

2.3. Invest into leaner, versatile alternatives to brick and mortar health care infrastructure, including mobile health units, telehealth, and other innovative technologies, which can also be rapidly deployed during emergencies.

2.4. Expand access to specialty care such as mental health and dialysis resources in a way that builds resilience before, during, and after emergencies and is equitable in times when there is no emergency.

3.

Enhance the safety net system to address better the ongoing health needs of Harris County residents who are under or uninsured, including through the creation of a new, robust delivery model called “Harris Care.”

Availability, acceptability, and affordability continue to be significant barriers to accessing health care equitably within Harris County. Financing of uncompensated care is a significant driver in overall health care system costs. County government can play a key role in developing innovative methods of delivering or paying for care. Such methods can in turn incentivize positive population health outcomes to position the safety net system to be more resilient to shifting health care policy at the state and federal levels.

3.1. Advocate with local, state and federal partners for key policy changes including Medicaid expansion, 1115 Waiver renewal, and explore requesting a 1332 Waiver through the state to increase the number of eligible Harris County residents for health insurance coverage.

3.2. Examine the potential impact and cost/benefit of creating a new, locally driven delivery model called Harris Care, a local health care funding mechanism that would ensure access to low or no-cost primary and preventive care services for the uninsured population through enhanced coordination of existing and future infrastructure/programs designed to address their identified needs

3.3. Explore a feasibility study to scale up existing programs or create new programs adopted from the best practices and strategies utilized in other communities – whether across the nation or globally - to address the health care needs of populations who are otherwise unable to afford or are ineligible for private insurance, Medicaid, Children’s Health Insurance Plan (CHIP), other government programs, etc.

3.4. Conduct a countywide awareness campaign for community members and health care providers alike on updates associated with changing state and federal rules on enrollment and eligibility, including public charge, that identifies resources and legal assistance available to address identified concerns and advance health equity.

4.

Align strategies across existing county and municipal governmental departments that impact health to improve communication, coordination, and collaboration

Harris County governmental agencies serve the same population, yet their specific strategic direction and goals are not always aligned. To drive change most effectively and efficiently for the community, there needs to be improved strategic alignment amongst these agencies - as well as any counterparts that may exist in the 34 municipalities within Harris County - to address the complex drivers of health.

4.1. Conduct a systematic review of existing grants, programs, and services of county departments and subsequently their counterpart departments in other municipalities to improve communication, identify potential overlap(s), and enhance collaboration between and amongst various departments, whether their charge and responsibilities are directly or indirectly health-related.

4.2. Improve data and information-sharing policies and procedures to track and evaluate progress of countywide health initiatives meant to address key population health metrics such as preventable hospitalizations, chronic disease prevalence, social impact measures, etc. to advance community health

4.3. Encourage local health systems to conduct joint community health needs assessments to align agency missions, visions, and strategic plans, especially the four local and publicly financed governmental health systems: Harris Health System, Harris Center for Mental Health and Intellectual and Developmental Disabilities, Harris County Public Health, and Houston Health Department.

4.4. Where feasible, align parallel Harris County and City of Houston policies and procedures for matching services, programs, and eligibility requirements, to prevent community member confusion and enhance system efficiencies, especially during an emergency.

5.

Streamline and integrate health care and prevention services across Harris County and the City of Houston.

Multiple government agencies work to make Harris County a healthy community. However, significant silos still exist among these agencies. There lacks a unified overall strategy to improve health. Residents find it difficult to navigate the system and to identify and access all of the available services. With the current fragmented system, accountability for health improvement is blurred. Identifying and eliminating inefficiencies in health-related activities can and will help streamline areas of service overlap.

5.1. Convene a task force to oversee an in-depth and independent review of health and social services delivered throughout Harris County across local government agencies, including in public health, mental health, safety net providers, etc., as already explored in previous community assessment reports such as the 2004 Greater Houston Partnership Public Health Task Force Report, the 2017 City of Houston Ten Year Plan, and others.

5.2. Identify and eliminate duplicative administrative and technical resources by modifying areas of service overlap, including between Harris County and other health departments within municipalities, as well as identify opportunities to present unified data, outcomes measures, and service delivery, etc.

5.3. Improve systems interoperability to automate the necessary and critical data sharing necessary both for day-to-day situations and during community responses for mass casualty events, including chemical, biological, radiological, and other emergencies.

5.4. Create a new Harris County Office of Health Integration and Outcomes that can guide integration of duplicative programs, services, and even departments that have an impact on health as well as oversee improvements in key health outcomes laid out in this study and beyond.